



NATIONAL QUALITY BOARD

07 February 2019

14:00 to 17:00

Skipton House (Room: 124A, 1st Floor), 80 London Road, London, SE1 6LH

MINUTES

PRESENT		
Steve Powis (Chair)		Ted Baker (Chair)
Kathy McLean	Ruth May	Wendy Reid
Lisa Bayliss-Pratt	Paul Cosford	Viv Bennett
Gill Leng	Manpreet Pujara (on behalf of Martin Severs)	Jennifer Benjamin (on behalf of Lee McDonough)
Matt Fogarty (on behalf of Aidan Fowler)		
IN ATTENDANCE		
Matt Tagney (NHSE)	Hugh McCaughey (NHSI)	Mary Dixon-Woods (THIS)
Nicola Bent (NICE)	Mark Radford (NHSI)	Rob Smith (HEE)
Keith Willett (NHSE)	Richard Owen (Secretariat)	Anne Booth (Secretariat)
Dominique Black(Secretariat)	Sammy Fell (Grad Trainee)	
APOLOGIES		
Martin Severs	Lee McDonough	Imelda Redmond
Aidan Fowler		
AGENDA		
<ol style="list-style-type: none"> 1. Welcome & Minutes of Previous Meeting 2. <u>THEME: SYSTEM TRANSFORMATION</u> <ol style="list-style-type: none"> a) Reflections & Next Steps on NHS Long Term Plan b) THIS (The Healthcare Improvement Studies) Institute c) Next Steps on Quality Improvement 3. <u>THEME: WORKFORCE</u> Workforce in the NHS Long Term Plan 		



4. THEME: PATIENT SAFETY

Developing a Patient Safety Strategy for the NHS

5. NHS Preparations for EU Exit

6. Any Other Business



1. Welcome & Minutes from Previous Meeting

- 1.1 TED BAKER (Chair) welcomed attendees to the first meeting of the National Quality Board (NQB) of 2019. HUGH MCCAUGHEY, new National Director of Improvement, was introduced. Attendees and apologies were noted as above.
- 1.2 The recent announcement of two new CQC appointments was noted. Rosie Benneyworth, Chief Inspector of General Practice, and Kate Terroni, Chief Inspector of Adult Social Care, would become NQB members once in post.
- 1.3 The minutes of the previous meeting on 05 December 2018 were approved as a true and accurate record and would be published in due course, alongside the associated agenda and papers.

2. THEME: SYSTEM TRANSFORMATION

a) Reflections & Next Steps on NHS Long Term Plan

- 2.1 MATT TAGNEY (Guest) provided a verbal update on the NHS Long-Term Plan (LTP) which had been published on 07 January 2019.
- 2.2 Key commitments made in the NHS LTP included:
 - a) Establishment of an NHS Assembly (first meeting in the spring) comprising a range of organisations and individuals to advise the NHS England and NHS Improvement Boards;
 - b) Publication of a Clinical Review of Standards in the spring followed by field testing and evaluation of any new and revised standards prior to implementation from October 2019;



- c) Publication of a National Implementation Framework in the spring to support local health systems to develop Local 5-Year Implementation Plans over the summer; and
- d) Publication of a detailed National Implementation Plan bringing together the Local 5-Year Implementation Plans in the autumn.

2.3 NHS England and NHS Improvement were in the process of developing and implementing a new shared operating model to support delivery of the NHS LTP. This was based on the principles of co-design and collaboration involving partners from across the NHS.

2.4 The NQB was asked to:

- **Reflect** on the publication of the NHS LTP; and
- **Consider** how it could support implementation and if it would like to focus on any areas in particular.

2.5 The NQB commended all those from across the NHS who had worked collaboratively to develop the NHS LTP which had received a positive reception overall.

2.6 A number of questions were raised leading to the following clarifications:

- a) The National Implementation Framework would be aimed at Integrated Care System (ICS) leaders who would lead development of the Local 5-Year Implementation Plans;
- b) The National Implementation Framework would set out national goals and expectations to ensure a level of consistency between the Local 5-Year Implementation Plans;
- c) The NHS Assembly would focus on areas requiring traction with members appointed for their specific expertise.



- 2.7 The NQB discussed the Clinical Review of Standards and agreed that this should be an area of future focus, particularly the implementation of any new and revised standards.
- 2.8 The NQB agreed that an update on the NHS LTP and Clinical Review of Standards should be brought to the NQB in the autumn.

b) THIS (The Healthcare Improvement Studies) Institute

- 2.9 MARY DIXON-WOODS (Guest) presented the work of THIS (The Healthcare Improvement Studies) Institute, which was based at the University of Cambridge and had 10-year funding from the Health Foundation to strengthen the evidence base for improving the quality and safety of healthcare. THIS Institute was launched on 31 January 2018.
- 2.10 The three goals of THIS Institute were to: 1) create capacity for studying improvement; 2) develop the science behind the study of improvement; and 3) run large-scale participatory research programmes. A three-level research fellowship programme (PhD, early career and senior) aimed to create a new generation of experts from across disciplines with skills in researching healthcare improvement.
- 2.11 A Scientific Strategy for THIS Institute had been developed in consultation with partners to set the scientific direction of the organisation over its first 3 years. Citizen science was a key component of this. THIS Institute had published a number of reports on the use of citizen science. A new platform – Thiscovey – would be launched soon enabling people to contribute to scientific research and discovery.
- 2.12 A range of research was showcased from the portfolio of THIS Institute applied research programmes that targeted different priorities and used various scientific methods. Research in progress included identifying operational failure in general practice, replicating and scaling a successful



maternity safety improvement programme and improving electronic foetal heart monitoring.

- 2.13 It was noted that some problems could not be solved through local improvement work alone. THIS Institute was looking to better understand the scenarios when national intervention (e.g. a national edict) would be appropriate.
- 2.14 An important focus for THIS Institute was communications and engagement. Innovative approaches to this were being taken such as theatre-based engagement activities.
- 2.15 The NQB was asked to:
- **Discuss** the presentation and offer feedback;
 - **Consider** how the work of THIS Institute might be facilitated; and
 - **Identify** how NQB might help with horizon-scanning for future projects.
- 2.16 The NQB thanked Mary for her presentation and noted support for THIS Institute.
- 2.17 During discussions links were highlighted between the research of THIS Institute and improvement and other work underway across the NQB member organisations.
- 2.18 THIS Institute's scientific goal to explore challenges related to standardisation, harmonisation, replication and scaling was referred to. TED BAKER noted the findings related to standardisation in the CQC's thematic review of Never Events report – *Opening the door to change* – published in December 2018. MATT FOGARTY (Deputy for Aidan Fowler) commented that NHS Improvement was leading work with partners to identify clinical processes and other elements, such as equipment and governance processes, that could benefit from standardisation, and where and how this



should apply. He agreed to connect with Mary to explore potential synergies.

- 2.19 THIS Institute's research on replicating and scaling a successful maternity safety improvement programme was referred to. This work was building on research published recently in a paper – *How to be a very safe maternity unit: An ethnographic study*. The paper presented a case study of a high-performing UK maternity unit (at Bristol Southmead Hospital) to examine how it achieved and sustained excellent safety outcomes. MATT FOGARTY (Deputy for AIDAN FOWLER) commented that the research was highly relevant to the NHS Improvement-led AHSN-based Maternity and Neonatal Safety Improvement Programme and he agreed to connect with Mary to explore potential synergies. RUTH MAY reflected that she would read the paper with interest in light of NHS Improvement work on Continuing Professional Development for nurses and midwives.
- 2.20 With regards to horizon-scanning for future projects, Mary noted that she would be happy to consider ideas from the NQB and asked if there was a mechanism to do this. It was agreed that suggestions should be directed through the NQB Secretariat who would also disseminate THIS Institute research outcomes to the NQB on a periodic basis.

c) Next Steps on Quality Improvement

- 2.21 GILLIAN LENG introduced this item and associated paper (Paper 2). The paper updated the NQB on progress since the Quality Improvement (QI) Roundtable Event on 28th June 2018. The event, which was hosted by NICE, NHS England and NHS Improvement, brought together representatives from key national bodies with an interest to QI to discuss the potential for QI approaches to improve the quality of patient care and health outcomes.



- 2.22 Key activity that had taken place since the event included ensuring a positive commitment to QI was made in the NHS Long Term Plan and contributing to the refresh of the *Developing People – Improving Care* leadership development framework, specifically condition 3 (knowledge of improvement methods and how to use them at all levels).
- 2.23 Other relevant work included the Care Quality Commission report *Quality Improvement in Hospital Trusts: Sharing Learning from Trusts on a Journey of QI* (published in September 2018), and the NHS Improvement consultation on developing a *Patient Safety Strategy for the NHS* which was due to close on 15th February 2019.
- 2.24 A small group had meet on 10th January 2019 and agreed actions including to await the appointment of HUGH MCCAUGHEY (Guest), National Director of Improvement, before progressing this work further.
- 2.25 The NQB was asked to:
- **Note** the progress following the QI Roundtable Event in June 2018;
 - **Agree** the actions from the small group meeting held on 10th January 2019;
 - **Discuss** further opportunities to progress this important area.
- 2.26 The NQB noted the progress following the QI Roundtable Event and agreed the actions from the small group meeting held on 10th January 2019.
- 2.27 During discussions on further opportunities to progress the work area, the NQB made the following points:
- a) A clear and consistent message should be given as QI was a crowded space subject to confusion and difficulties achieving sustainable change;



- b) Links should be made with those developing the Workforce Implementation Plan as part of the NHS Long Term to ensure QI capability and capacity building across the workforce is built in;
- c) The work should focus on how to support the embedding of changes identified as a result of QI work;
- d) The work should not neglect primary care, community care and social care as these services had the potential to benefit from QI approaches;
- e) Consideration should be given to reviewing the NQB *Shared Commitment to Quality* to ensure adequate emphasis and alignment on QI.

2.28 Gill thanked NQB members for their comments which would be considered during progression of the work. It was agreed that a proposal for a review of the NQB Shared Commitment to Quality should be brought to a future NQB meeting.

3. **THEME: WORKFORCE**

Workforce in the NHS Long Term Plan

3.1 RUTH MAY introduced this item and associated paper (Paper 3). Baroness Dido Harding has been asked by the Prime Minister and Secretary of State for Health to take forward the development of a Workforce Implementation Plan, as part of the overall Implementation Plan for the NHS Long Term Plan. The paper provided the NQB with an overview of the current workforce position (with a focus on nursing but also medical staff) and the associated quality and safety risks requiring mitigation. The NHS Long Term Plan commitments were also outlined, alongside detail of working groups and governance in place to develop the Workforce Implementation Plan.



- 3.2 MARK RADFORD (Guest) gave an overview of workforce supply and demand projections to 2024 including current vacancies and future growth projections in a 'do nothing' supply scenario. He noted that nursing was a strategic risk with higher vacancy levels and lower 'do nothing' supply growth than all other workforce groups.
- 3.3 The NQB was asked to:
- **Note** the report and associated information;
 - **Discuss** and debate the issues raised in the report;
 - **Provide** feedback to on proposed scope and plan, and the support offer from the NQB.
- 3.4 The NQB noted the report and associated information and agreed that workforce supply across all groups, but particularly nursing and social care (the latter of which was not covered in the paper), was the single biggest issue facing the NHS.
- 3.5 During the discussion and debate on the issues raised, the NQB provided the following feedback:
- a) Opportunities to use the GP (General Medical Services) Contract as a lever to expose nurses to more opportunities across primary care should be explored. Nurse education and training in general should expose nurses to more opportunities across primary care, community care, public health and social care;
 - b) Learning from other countries should be explored. Scotland, Wales and Northern Ireland were noted for their different approach to funding student nurses;
 - c) Consideration should be given to whether models of care should be designed around the workforce available rather than vice versa;



d) Support was voiced for the utilisation of staff in more flexible ways, including non-registered staff.

3.6 With regards to further support from the NQB, it was noted that most NQB bodies would feed into development of the Workforce Implementation Plan via representation on the established working groups.

4. **PATIENT SAFETY**

Developing a Patient Safety Strategy for the NHS

4.1 MATT FOGARTY (Deputy for AIDAN FOWLER) introduced this item and associated paper (Paper 4). The paper provided an update on the development of a Patient Safety Strategy for the NHS. Proposals were being consulted on via an online consultation (deadline: 15th February 2019), as well as via focus groups, workshops and other engagement opportunities.

4.2 The proposed overarching aim was for the NHS to be the safest healthcare system in the world with three goals:

- a) To be world leading at drawing **insight** from multiple sources of patient safety information;
- b) To give staff at all levels the skills and support they need to help improve patient safety, so they can be the **infrastructure** for safety improvement, working with patients and partner organisations;
- c) To decrease harm in key areas by 50% by 2023/24 and beyond through specific patient safety **initiatives**.

4.3 A summary of the consultation feedback received to date was provided. There had been support for the three goals and principles, the development of a new Patient Safety Incident Management System (PSIMS) to replace



the Strategic Executive Information Management System (StEIS), the concept of 'Safety II', and the development of patient safety specialists and patient advocates for safety. There had been challenge in relation to how the overarching aim would be judged, workforce pressures impacting on the ability to deliver the strategy, whether primary care had been adequately covered, and whether staff safety should be included.

4.4 The NQB was asked to:

- **Note** the publication of the proposals for a Patient Safety Strategy for the NHS;
- **Provide further views** on the proposals including any further feedback or suggestions for areas of focus for the final strategy publication in the spring;
- **Agree** to receive further updates at future NQB meetings after the strategy is published.

4.5 The NQB supported the direction of travel for developing a Patient Safety Strategy for the NHS. JENNIFER BENJAMIN (Deputy for LEE MCDONOUGH) noted support from the Secretary of State for Health.

4.6 During the discussion, the NQB provided the following views:

- a) Consideration should be given to redefining accountability as a professional duty;
- b) Synergies between the strategy and work to develop a coordinated cross-system approach to quality improvement should be explored;
- c) Digital approaches to improving patient safety should be examined.

4.7 Matt thanked NQB members for their comments which would be considered in the next stages of development of the Patient Safety Strategy for the NHS. He noted that further input/discussion could be arranged outside NQB.



5. NHS Preparations for EU Exit

5.1 KEITH WILLETT (Guest) provided a verbal update on NHS preparations for EU exit as EU Exit Strategic Commander. NHS England and NHS Improvement had been working closely with the Department of Health and Social Care to best prepare the NHS.

5.2 The NHS England and NHS Improvement operational response would be based on enhancing existing command and control structures used in Emergency Preparedness, Resilience and Response (EPRR) in common with a unified approach agreed across Public Health England and NHS Blood and Transplant. These modes of operating would be familiar to staff across the NHS including the approach to information gathering, assurance, issuing direction, alerts and advice.

5.3 The extensive work undertaken to ensure the quality and safety of patient care was described including the establishment of national groups to provide clinical and operational expert advice on any issues escalated.

5.4 The NQB was asked to:

- **Note** the update on NHS preparations for EU exit;
- **Provide comments** on the plans from a clinical perspective.

5.5 The NQB noted the update on NHS preparations for EU exit and recognised the importance of mitigating any risks to the quality and safety of patient care.

5.6 The NQB noted confidence in the extensive work undertaken to date to ensure an adequate response to any disruption to the delivery of NHS services so patients are protected from harm.

5.7 The NQB offered continued support for this essential work in going forward.



6. Any Other Business

6.1 No other business was raised.

Next NQB meeting: 04 April 2019